

evaluations were relatively cost effective, given the overall expense of the operative procedures. I also concur that routine interventions in eye surgery patients should be limited only to those persons older than 50. Greater cost-effectiveness could have been achieved if the ophthalmologists had called for consultation in only those patients with significant surgical risk, as identified by history or by laboratory evaluation. It would appear that the routine evaluations were

of benefit to the ophthalmologists to help avoid complications, but it does emphasize the narrow focus of specialists in medicine, and one wonders if good common sense and attention to details might not be even more cost-effective than calling internists in routinely.

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Medical Practice Question

EDITOR'S NOTE: *From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.*

Cardiac Pacemakers

QUESTION:

What are the criteria or indications for the use of cardiac pacemakers?

OPINION:

In the opinion of the Scientific Advisory Panels on Chest Diseases, General Surgery and Internal Medicine, implantation of cardiac pacemakers is considered established medical practice for the following conditions:

- Acquired complete atrioventricular (AV) heart block with or without symptoms.
- Congenital complete heart block with symptoms or bradycardia, or both.
- Bifascicular or trifascicular block with syncope attributable to transient complete heart block after other causes of syncope are excluded.
- Second-degree AV heart block of Mobitz type II with symptoms attributable to intermittent complete heart block.
- Asymptomatic second-degree AV block of Mobitz type II.
- Substantial sinus bradycardia caused by long-term necessary drug treatment.
- Recurrent and refractory ventricular tachycardia.
- In patients recovering from acute myocardial infarction with temporary complete or Mobitz type II second-degree AV block.
- Second-degree AV heart block of Mobitz type I with significant symptoms due to resulting hemodynamic instability.

In addition to these indications, there are other conditions which may warrant implantation on an individually determined basis:

- Symptomatic sick sinus syndrome.
- Symptomatic carotid hypersensitivity syndrome.
- Selected asymptomatic patients with sick sinus syndrome (such as those with pauses longer than 3 or 4 seconds).
- Bradycardia-tachycardia syndromes.

Pacemaker implantation may be deemed necessary in many other unique circumstances not included in the above list. Such individually determined decisions to implant permanent pacemakers must also be presumed to be appropriate practice.